

Applicant's Docket No.: VIFAN.UTL

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TC 1700

1773

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Vittoriano DeLuzio, Greg Gillis, Paul Alder and Michael T. Heffelfinger

Serial No.: 10/071,054

Group No.: 1773

Filed: February 7, 2002

Examiner: Jackson, Monique R.

For: "A Metallized Film Having A Medium Density Polyethylene Layer"

Mail Stop Non-Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. §1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

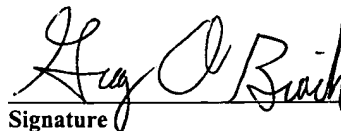
MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, Virginia 22313-1450.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: August 19, 2003



Signature

Greg O'Bradovich
(type or print name of person certifying)

EXTENSION OF TERM

3. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	12	Minus	20	= 0	x \$9 =	\$0
Indep.	1	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$135 =	\$0
Total					Addit. Fee	\$0

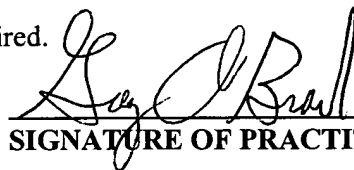
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.


SIGNATURE OF PRACTITIONER

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